

CADCA Summary Statement for Hearing Entitled: “Warning: The Growing Danger of Prescription Drug Diversion”

The misuse and abuse of prescription drugs is a major problem that impacts individuals, families, schools and communities throughout the country. It is a problem that demands a comprehensive multi-faceted approach at all levels, federal, state and community. Community anti-drug coalitions and DFC grantees should be an essential component of any prescription drug abuse diversion strategy because they are data driven, know their community epidemiology and are capable of understanding the multi-sector interventions required to reduce the availability and use of prescription drugs at the local level. The Office of National Drug Control Policy considers the DFC program critical in driving down prescription drug use rates. Community coalitions can quickly identify and combat drug issues such as the misuse and abuse of prescription drugs before they attain crisis proportions because they implement effective, data driven strategies at the local level. Community coalitions can and should be used as a major component of any strategy that is developed to address prescription drug abuse and diversion.

In addition, there is a great need for: (1) expansion of effective PDMP programs to ensure adequate coverage in every state, with both the enhanced abilities to begin to function with interoperability among states, as well as be a source of de-identified, aggregate data for use in identifying hot spots and areas that need enhanced prevention, treatment and enforcement emphasis and resources; (2) enhanced education and training of medical and dental professionals in proper prescribing protocols for prescription drugs with the potential for abuse and diversion; (3) enhanced opportunities to raise the general public’s awareness about the dangers of prescription drug abuse as well as the proper ways to store and dispose of them; (4) enhanced opportunities for prescription take back and other large scale disposal programs to be more routinely available in states and communities; (5) enhanced law enforcement and legal remedies to close down “pill mills” and other venues that allow for the easy, and questionable access and availability of prescription drugs with a great potential for abuse and diversion; and (6) expansion of the number of DFC funded communities, as well as enhanced training opportunities for more communities across the country to be organized to identify their local drug issues and implement comprehensive, data driven strategies to effectively address their local prescription and other drug abuse problems.

“Warning: The Growing Danger of Prescription Drug Diversion”
Committee on Energy and Commerce
Subcommittee on Commerce, Manufacturing, and Trade
Written Testimony of General Arthur T. Dean
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Chairwoman Bono Mack, Ranking Member Butterfield and other distinguished members of the Subcommittee on Commerce, Manufacturing and Trade, thank you for the opportunity to testify before you today on behalf of Community Anti-Drug Coalitions of America (CADCA) and our more than 5,000 coalition members nationwide. I am pleased to provide you with CADCA’s perspective on the growing danger of prescription drug diversion and critical role that drug prevention plays in mitigating this danger.

Having served in the military for 31 years and as the Chairman and CEO of CADCA for nearly 13 years, I have come to recognize the critically important role of prevention as the first line of defense in protecting individuals, families and communities from the devastating impact of drug abuse.

Prescription drug abuse, as most of us in this room are well aware, is a major national problem that affects communities throughout the country. The 2009 National Survey on Drug Use and Health found that the percentage of Americans reporting nonmedical pain reliever use in the past year, as well as in the past month, has increased among every age group during the last year: 12 to 17; 18 to 25; and 26 and older.¹

According to the most recent (2010) national Monitoring the Future (MTF) Survey,

¹ Substance Abuse and Mental Health Services Administration. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings* (Office of Applied Studies, NSDUH Series H-38A, HHS Publication No. SMA 10-4586Findings). Rockville, MD. Available: <http://oas.samhsa.gov/nsduhLatest.htm>

prescription drugs account for 8 of the top 14 most frequently abused drugs by our nation's youth.² Also according to MTF, 59.1 percent of 12th graders abusing prescription drugs receive them from a friend or relative. This is followed by 37.8 percent who bought them from a friend or relative; 32.5 percent who obtained them from a prescription; 19.5 percent who bought them from a dealer/stranger; 18.8 percent who took from a friend or relative; 11 percent who obtained them from some other source; and 1.1 percent from the internet.

The fact that so many youth are obtaining these prescription drugs from friends and relatives indicates that the general public needs to be better educated about: 1) the dangers of prescription drug abuse; 2) the need to safely store prescription drugs (to keep them away from youth or others who do not have a prescription); and 3) the proper way to dispose of unused/expired prescription drugs. There is also a need to ensure that doctors, dentists and other legal prescribers are better educated, both in terms of proper prescribing protocols and signs and symptoms of abuse among their patients.

CADCA's Involvement in Prescription Drug Abuse Prevention

CADCA has been on the front lines addressing prescription drug abuse for nearly 10 years. It has undertaken a number of initiatives at the national level, ranging from hosting town hall meetings across the country to raise awareness of the problem, to developing tools to help coalitions prevent and reduce prescription drug abuse in their communities.

² Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (December 14, 2010). "Marijuana use is rising; ecstasy use is beginning to rise; and alcohol use is declining among U.S. teens." University of Michigan News Service: Ann Arbor, MI. Available: <http://www.monitoringthefuture.org>

Since 2001, CADCA has engaged in ongoing educational and communications efforts around prescription drug abuse. It has developed a number of publications, including but not limited to: Strategizer 38: *Prescription Drug Abuse Prevention – Where Do We Go From Here?*; Strategizer 52: *Teen Prescription Drug Abuse: An Emerging Threat*; several *Prescription Drug Abuse Prevention Toolkits*; and a newspaper supplement to educate parents and youth about the dangers of drug use. The goal of these publications is to provide community anti-drug coalitions and others at the community level, with the relevant science and research on prescription drug abuse in a format and manner that enhances their ability to understand and implement effective prevention strategies. CADCA also has hosted five CADCA TV shows on prescription and over the counter medicine abuse to raise awareness at the national level.

In addition to these efforts, CADCA has provided testimony in support of SMART Rx, an effort led by the U.S. Fish and Wildlife Service, to educate the public on the proper disposal for prescription medications; supported Dispose My Meds, a program of the National Community Pharmacists Association; and raised public awareness through a series of presentations – both at CADCA Forums and in other venues, such as the Maine Pharmaceutical Symposium. CADCA has encouraged the United States Congress to make substance abuse prevention, and particularly the misuse and abuse of prescription drugs a major priority. In fact, in 2009 the theme of CADCA's Capitol Hill Day at its National Leadership Forum was Prescription for Prevention and coalition leaders from across the country attended a rally on Capitol Hill to raise awareness about this issue.

CADCA recognizes that the misuse and abuse of prescription drugs is a multi-dimensional problem that demands comprehensive, coordinated solutions.³ We know from research and practice that effective prevention is not a “one size fits all” proposition and that there are no silver bullets to address these issues - “As the field of prevention has matured, it has been recognized that any single strategy is unlikely to succeed and a reinforcing set of strategies has the greatest potential to reduce use”.⁴ Successful prevention hinges on the extent to which schools, parents, law enforcement, business, the faith community, and other community groups work comprehensively and collaboratively through data-driven, community-wide efforts to implement a full array of education, prevention, enforcement and treatment initiatives. A comprehensive, data driven approach that appropriately mobilizes each of the key sectors and actors who have a role in reducing access to and availability of prescription drugs as well as changing social norms about the harm that misuse and abuse of these substances can cause is critical. In the case of prescription drug abuse this would include parents, caregivers, grandparents, doctors, pharmacists, dentists, school personnel, law enforcement, the media, the faith community and others.

Population level changes in substance use, including prescription drug abuse, cannot be achieved absent an infrastructure to effectively assess, prevent, treat and provide recovery support to the affected individuals and communities. In instances where

³ Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press. Fawcett, S. B., Francisco, V. T. & Schultz, J. A. (2004). Understanding and improving the work of community health and development. In J. Burgos & E. Ribes (Eds.), *Theory, basic and applied research, and technical applications in behavior science*. (pp. 209-242). Guadalajara, Mexico: Universidad de Guadalajara.

⁴ Johnson, K., Holder, H., Ogilvie, K., Collins, D., Ogilvie, D., Saylor, B, Saltz, B. (2007). A community prevention intervention to reduce youth from inhaling and ingesting harmful legal products. *Journal of Drug Education*, 37(3), 229.

this infrastructure has been in place, communities have successfully prevented and pushed back against entrenched and emerging drug issues, such as marijuana, methamphetamine, K2 and the misuse and abuse of prescription drugs.

This infrastructure both defines and supports the roles, responsibilities, community sectors/partners and capacity needed to bolster community based prevention efforts. It focuses on building and strengthening the infrastructure and capacity for data-driven decision making and identifying, implementing and evaluating effective substance abuse prevention strategies, programs, policies and activities.

The strength of this comprehensive community wide approach is that it not only identifies a community's issues, problems and gaps, but also its assets and resources. This allows a community to plan, implement and evaluate its efforts across all community sectors in all relevant settings for individuals, families, schools, workplaces and the community at large.

Seven Strategies to Affect Community Change

CADCA trains community anti-drug coalitions throughout the country in effective community problem-solving strategies so that they are able to use local data to assess their specific substance use and abuse-related issues and problems and develop comprehensive, data driven, multi-sector strategies to address them. CADCA trains community anti-drug coalitions on how to collect and analyze local data. Specifically, we teach coalitions to systematically engage in the following evidence-based processes: 1) assess their prevention needs based on epidemiological data⁵; 2) build their prevention

⁵ Butterfoss, F.D. (2007). *Coalitions and partnerships for community health*. San Francisco, CA: Jossey-Bass.

capacity⁶; 3) develop a strategic plan⁷; 4) implement effective community prevention programs, policies and practices⁸; and 5) evaluate their efforts for outcomes.⁹

When coalitions get to the implementation phase of the process, CADCA trains them on how to execute seven strategies to affect community change for drug use, generally, and for prescription drug abuse specifically. These seven strategies have been developed by researchers to categorize interventions.¹⁰ Based on what their local data and conditions and indicate, coalitions implement mutually reinforcing combinations of these seven strategies, which include:

- Providing information - this strategy involves raising awareness within the community-at-large - to include youth, parents, police officers, healthcare providers and educators to name a few – with educational presentations, workshops or seminars and data or media presentations. The goal is to increase the knowledge base of the community and raise general awareness around prescription drug abuse. Many coalitions execute this strategy by implementing local media campaigns. For example, in Rhode Island, the Woonsocket

⁶ Ibid.

⁷ Collie-Akers VL, Fawcett SB, Schultz JA, Carson V, Cyprus J, Pierle JE. (July 2007). Analyzing a community-based coalition's efforts to reduce health disparities and the risk for chronic disease in Kansas City, Missouri. *Preventing Chronic Disease* [serial online]. 2007 Jul. Available from http://www.cdc.gov/pcd/issues/2007/jul/06_0101.htm. Hays, C.E., Hays, S.P., DeVille, J.O., & Mulhall, P.F. (2000). Capacity for effectiveness: The relationship between coalition structure and community impact. *Evaluation and Program Planning*, 23, 373-379.

⁸ Foster-Fishman, P.G., Berkowitz, S.L., Lounsbury, D.W., Jacobson, S., & Allen, N.A. (2001). Building collaborative capacity in community coalitions: A review and integrative framework. *American Journal of Community Psychology*, 29(2), 241-261.

⁹ KU Work Group for Community Health and Development. (2007). Use Promising Approaches: Implementing Best Processes for Community Change and Improvement. Lawrence, KS: University of Kansas. Retrieved November 12, 2008, from the World Wide Web: <http://ctb.ku.edu/en/promisingapproach/>. Roussos, S.T. & Fawcett, S.B. (2000). A review of collaborative partnerships as a strategy for improving community health. *Annual Review of Public Health*, 21, 369-402.

¹⁰ Paine-Andrews, A., Fisher, J., Berkely-Patton, J., Fawcett, S.B., Williams, E., Lewis, R., Harris, K. (2002). Analyzing the Contribution of Community Change to Population Health Outcomes in an Adolescent Pregnancy Prevention Initiative. *Health Education & Behavior*, 29(2). 183-193.

Prevention Coalition implemented the “Free and Easy to Find....Drugs Are Not Only Available on the Streets” and “Kids Don’t Need a Drug Dealer to Get High...Safeguard Your Prescriptions, Safeguard Your Teen” media campaigns to raise widespread awareness about the dangers of prescription drug abuse in their communities. Similarly, the Carter County Drug Task Force in Ashland, Kentucky distributed 35, 000 Push Cards on “*Preventing Abuse of Prescription and Over-the-Counter Medications*” and 35,000 Push cards distributed on “*Guidelines for Proper Disposal of Prescription Drugs*”. Coalitions often launch these types of campaigns during National Medicine Abuse Awareness Month, held every October.

- Enhancing skills – this strategy provides workshops, seminars or other activities that are designed to increase the skills of those who can prevent, identify and treat prescription drug abuse – including healthcare and dental providers, pharmacists, parents and adult care givers, educators, law enforcement, businesses and youth. In order to implement this strategy, the Saratoga Partnership for Prevention in Saratoga Springs, New York held a Youth Summit to educate their local youth about prescription drug abuse, while NCADD of Middlesex County has delivered several community education presentations to enhance the skills of community members who can prevent and identify prescription drug abuse, such as law enforcement, youth, parents and the medical community.
- Providing Support – this strategy provides reinforcement and encouragement for participation in activities that prevent prescription drug abuse and is designed to stop prescription drug abuse before it ever starts. The Shelby County Drug Free

Coalition in Saginaw, Alabama implemented this strategy by partnering with local pharmacies to distribute prescription drug warnings to raise awareness about the dangers of abuse.

- Enhancing or reducing access and barriers – this strategy utilizes the systems and services that reduce illegal access to prescription medications while protecting access for those who legitimately need medications to relieve pain. It targets healthcare providers, pharmacists, law enforcement officials, educators and public health officials and encourages entire communities to take action. The Delaware Coordinating Council to Prevent Alcohol and Other Drug Abuse in Muncie, Indiana reduced barriers to proper medicine disposal by partnering with the Delaware County TRIAD program, a community based organization sponsored by the Delaware County Sheriff’s office, which provides proper disposal of unused and expired medication.
- Changing consequences – this strategy focuses on increasing or decreasing the probability of a specific behavior by changing the consequences (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations and loss of privileges). The Sylvania Community Action Team (S.C.A.T.) in Pennsylvania partnered with its local schools to implement clear and strict policies related to the possession of illegal and prescription drugs on school grounds to help decrease the misuse and abuse of prescription drugs among youth.
- Changing physical design – this strategy focuses on safeguarding prescription medicines to ensure that they will not be misused and abused, and targets

everyone in the community. It involves changing the physical design or structure of the environment to reduce access and availability. The Cherokee Nation in Oklahoma implemented this strategy by installing a permanent medicine drop off box in the lobby of their police station and by working with local homebuilders to ensure that the installation of one locking medicine cabinet is standard in every new home they build. The installation of these locking cabinets is free of charge to the homeowner as the coalition partnered with Muskogee CAN to purchase the locks.

- Modifying and changing policies – this strategy is aimed at changing policies, laws and procedures to prevent current and future prescription drug abuse. The target audience includes lawmakers, state and local public officials, employers and others involved in setting rules and regulations. In carrying out this strategy, coalitions often support the passage and utilization of prescription drug monitoring programs, drug take-back and disposal legislation, statutes that support increased penalties against doctors who practice unscrupulous prescribing procedures, those who participate in doctor shopping, etc. For example, the Metropolitan Drug Commission in Knoxville, Tennessee submitted an application through the State of Tennessee for a planning grant to develop a statewide prescription drug task force to assist in the early detection, intervention and prevention of prescription drug abuse and addiction, the education of both the health care community and the public, and to assist law enforcement with access to the developing state Prescription Drug Program created through the Controlled Substance Monitoring Act of 2002.

Relevant Local Data Is Critical

Prescription drug abuse can manifest itself differently depending on the community. Access and availability are two local conditions that can vary from locality to locality. For example, in one community, youth may primarily obtain prescription drugs from family members without their knowledge; in another community, the source may be peers; and in yet another, it could be access to “black market” distribution channels. It is for this reason that the collection and availability of local data is a critical component of effective local prevention efforts.¹¹ Sound data collection systems (such as student surveys) that allow communities to collect local data about the nature and extent of the prescription drug problem are a necessary component of comprehensive community level approaches to preventing substance abuse. It is the availability and analysis of local data that allows communities to specifically tailor their efforts and local resources to documented, actionable local conditions.

Another important source of prescription drug related data is available from statewide Prescription Drug Monitoring Programs (PDMPs). Currently, 35 states have PDMPs, and an additional nine states are working to implement recently enacted PDMP laws.¹² De-identified, aggregate data from these PDMPs could be a valuable data source for community coalitions to get timely information to help determine where prescription drug problems exist, what the trends and patterns of abuse are, and where to best target resources to address these problems.

¹¹ Shortell, S.M., Zukoski, A.P., Alexander, J.A., Bazzoli, G.J., Conrad, J.A., Husnain-Wynia, R., Sofaer, S., Chan, B.Y., Casey, E., & Margolin, F.S. (2002). Evaluating partnerships for community health improvement: Tracking the footprints. *Journal of Health Politics, Policy and Law*, 27(1), p. 49-92.

¹² National Alliance for Model State Drug Laws. (2011) Status of State Prescription Drug Monitoring Programs. Available: <http://www.namsdl.org/documents/StatusofStates3-28-11.pdf>

Local data is also a critical tool for identifying the specific factors that influence the decision of youth to misuse and abuse prescription drugs. Among the strongest indicators of whether or not youth will use/abuse a particular drug is their perceptions of its danger or harmfulness. Research demonstrates that illegal drug use among youth declines as the perception of risk increases¹³ (see Attachment 1). According to the National Institute on Drug Abuse (NIDA), because prescription drugs are prescribed by a doctor, youth often have the misperception that these drugs are safer to abuse than “street drugs”.

Access and availability are also factors youth take into consideration when deciding whether or not to misuse or abuse drugs and alcohol – the more available and accessible a substance is the easier it is to abuse.¹⁴ Between 1991 and 2009, prescriptions for stimulants increased from 5 million to nearly 40 million, and prescriptions for opioid analgesics increased from 45 million to 180 million. Additionally, according to a study published in last week’s *Journal of American Medicine*¹⁵, “56% of painkiller prescriptions were given to patients who had filled another prescription for pain from the same or different providers within the past month.” According to the study, “nearly 12% of the opioids prescribed were to young people aged 10-29” and “dentists were the main prescribers for youth aged 10 – 19 years old.” Data such as this clearly shows that access

¹³ Johnston, L.D. (1991). Toward a theory of drug epidemics. In R.L. Donohew, H. Syper, & W. Bukoski (Eds.). *Persuasive communication and drug abuse prevention* (pp. 93-132). Hillsdale, NJ: Lawrence Erlbaum. Johnston, L.D. (October 14, 1999). Testimony Submitted to the Subcommittee on Criminal Justice, Drug Policy and Human Resources of the Government Reform Committee, United States Government, For Hearings on the National Youth Anti-Drug Media Campaign.

¹⁴ Birckmayer, J.D., Boothroyd, R.I., Fisher, D.A., Grube, J.W., & Holder, H.D. (2008). *Prevention of underage drinking: logic model documentation*. Unpublished manuscript, Pacific Institute for Research and Evaluation, Calverton, Maryland. Retrieved from <http://www.pire.org/documents/UnderageDrinking.doc>

¹⁵ Volkow, N., McClellan, T. (2011). Curtailing diversion and abuse of opioid analgesics without jeopardizing treatment. *Journal of American Medicine*. 305(13), p. 1346-1347. National Institute of Health, U.S. Department of Health and Human Services, National Institute on Drug Abuse. (2011). Analysis of opioid prescription practices finds areas of concern. NIDA In the News. Available: <http://nida.nih.gov/pdf/news/NR040511.pdf>

and availability play a critical role in the misuse and abuse of prescription drugs. As a result of the increase in prescriptions for pain medicines and stimulant medications, these prescription drugs are available in more and more American households. Currently, the public at large does not have an adequate understanding of how to safely store and dispose of these prescription drugs, making it easy for motivated individuals to access and abuse or sell them. The exponential increase in the number of prescriptions for stimulants and opioid analgesics, as well as the fact that patients were easily able to fill multiple prescriptions within a short period of time, clearly indicates the need to better educate medical and dental professionals about prescription drug abuse and appropriate prescribing practices to reduce the misuse and abuse of these drugs, without jeopardizing legitimate pain management.

The Drug Free Communities Program

Community anti-drug coalitions, and specifically Drug Free Communities (DFC) program grantees, are ideally poised to implement effective, comprehensive data driven prevention strategies. The DFC program has been a central, bipartisan component of our nation's demand reduction strategy since its passage in 1998 because it recognizes that the drug issue must be dealt with in every home town in America. As a condition of their grant, DFC grantees are required to carry out ongoing surveillance and monitoring activities, and, as a result, can address the major and emerging substance abuse issues in their communities. The DFC program recognizes that in order to be sustainable over time it must have community buy-in and participation, and therefore requires all grantees to provide a dollar for dollar match in non-federal funds. The evaluation of the DFC program conducted by ICF International, found that youth drug, alcohol and tobacco 30

day use rates are lower, by statistically significant margins, in DFC funded communities than in those communities that do not have DFC coalitions.

Due to the preexisting infrastructure that DFC grantees have in place, these coalitions are already properly organized and armed with the right data to effectively address prescription drug abuse in their communities. They are uniquely suited to address and implement comprehensive prescription drug prevention strategies because they are data driven, know their community epidemiology and are capable of understanding the multi-sector interventions required to reduce the availability and use of prescription drugs.

DFC coalitions have implemented a number of effective programs and strategies to reduce prescription drug abuse and have achieved measureable results. For example, in Caribou, Maine, the Aroostook Substance Abuse Prevention (ASAP) Coalition utilized a data-driven approach to identify prescription drug abuse as a major issue in their community. The coalition identified: who was using; how they were obtaining; and what issues this caused for particular sub populations of youth. After obtaining this information, the coalition worked with various community sectors to implement a strategic plan to prevent and reduce the misuse and abuse of prescription drugs. In doing so, the coalition:

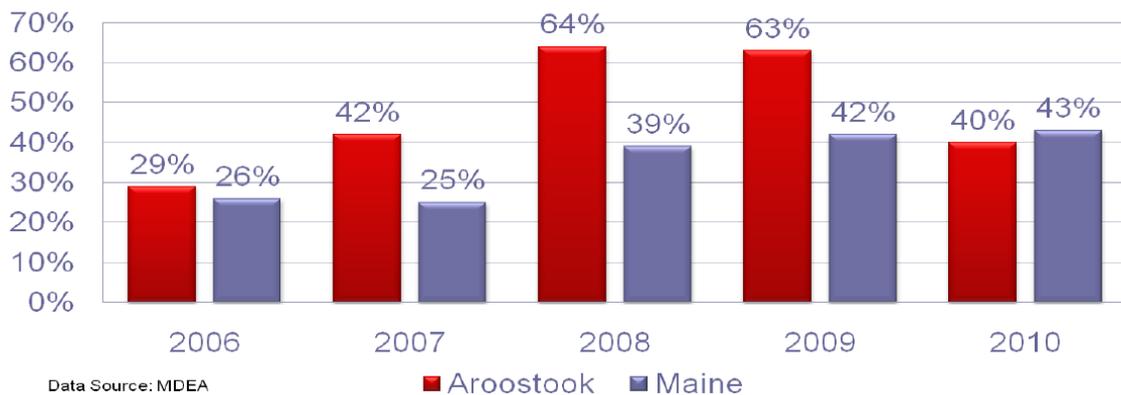
- implemented a comprehensive social marketing campaign to educate the public about the dangers concerning the misuse and abuse of prescription drugs in a variety of venues, including television, school mailings and pharmacy staffers;
- provided training to healthcare providers in hospitals throughout the county on prescription drug abuse and pain management related issues;

- created and disseminated to healthcare providers throughout the county, the Diversion Alert Program, which is a monthly mailer of individuals charged with prescription/illegal drug related crimes; and
- promoted and funded a prescription drug take back program.

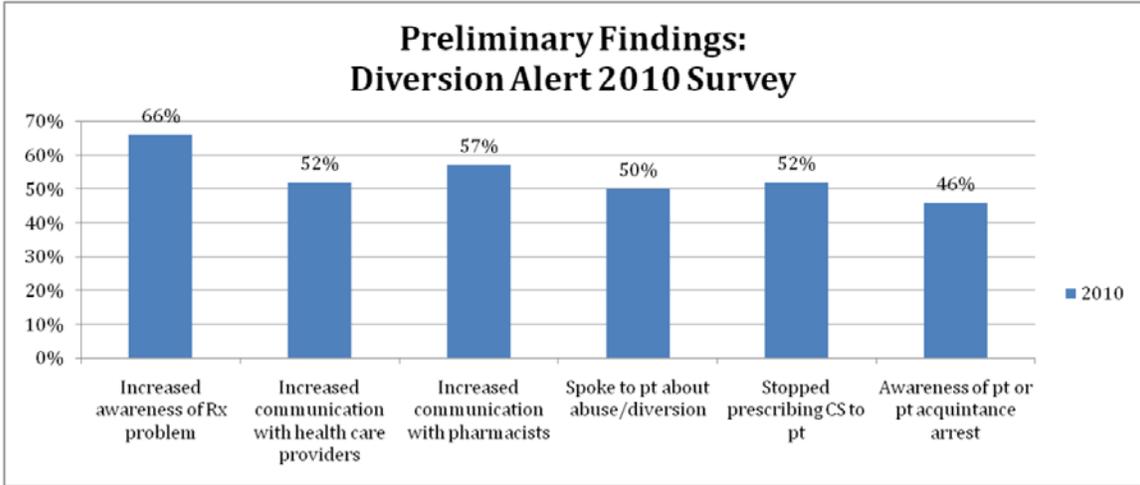
As a result of this data-driven, multi-sector approach, the ASAP Coalition has pushed back against the misuse and abuse of prescription drugs in its community.

For instance, although the number of pharmaceutical related arrests in Aroostook County started out much higher than the statewide average in 2008 (64 percent in Aroostook County compared to 39 percent for the State), through its efforts, the coalition helped reduce this number to 40 percent in Aroostook County while the statewide percentage actually increased to 43 percent.

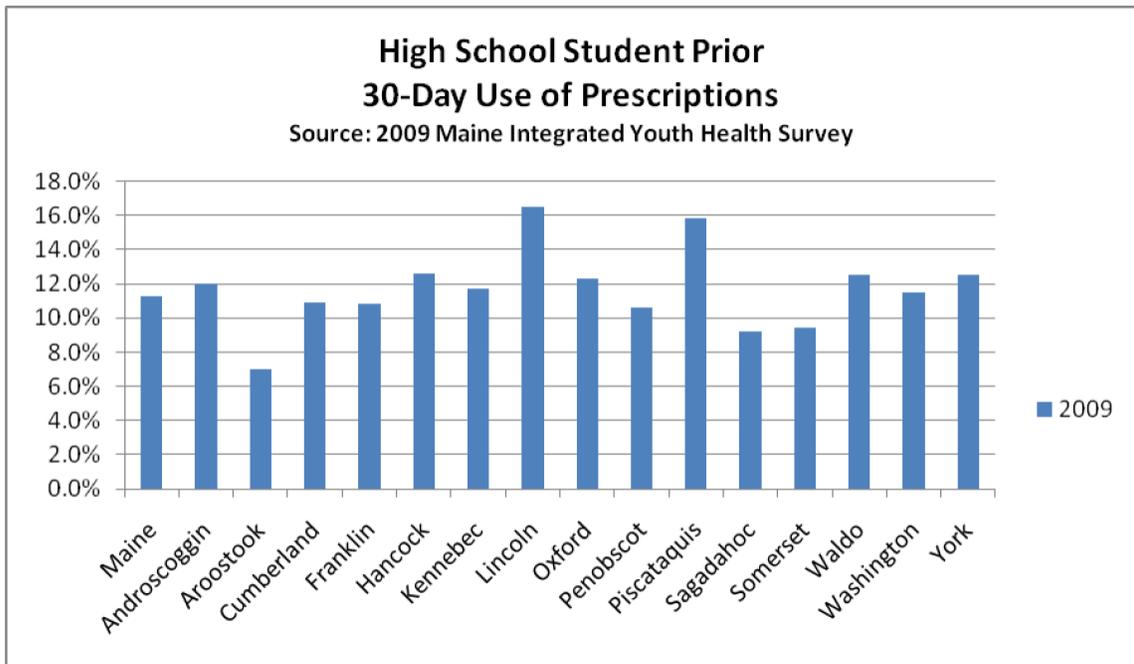
**MDEA Pharmaceutical Related Arrests:
Aroostook County & Maine
2006-2010**



The ASAP Coalition also increased physician engagement and response to the prescription drug abuse/diversion problem as a result of their participation in the Diversion Alert Program:



Finally, because of its prevention efforts, Aroostook County has the lowest rate of past 30 day prescription drug use among high school students in the State of Maine, at just under 7 percent.



The results that the ASAP Coalition has achieved are not an anomaly. Many DFC coalitions and other anti-drug coalitions throughout the country are achieving significant outcomes in reducing the misuse and abuse of prescription drugs (see Attachment 2).

Conclusion

The misuse and abuse of prescription drugs is a major problem that impacts individuals, families, schools and communities throughout the country. It is a problem that demands a comprehensive multi-faceted approach at all levels, federal, state and community. Community anti-drug coalitions and DFC grantees should be an essential component of any prescription drug abuse diversion strategy because they are data driven, know their community epidemiology and are capable of understanding the multi-sector interventions required to reduce the availability and use of prescription drugs at the local level. The Office of National Drug Control Policy considers the DFC program critical in driving down prescription drug use rates. Community coalitions can quickly identify and combat drug issues such as the misuse and abuse of prescription drugs before they attain crisis proportions because they implement effective, data driven strategies at the local level. Community coalitions can and should be used as a major component of any strategy that is developed to address prescription drug abuse and diversion.

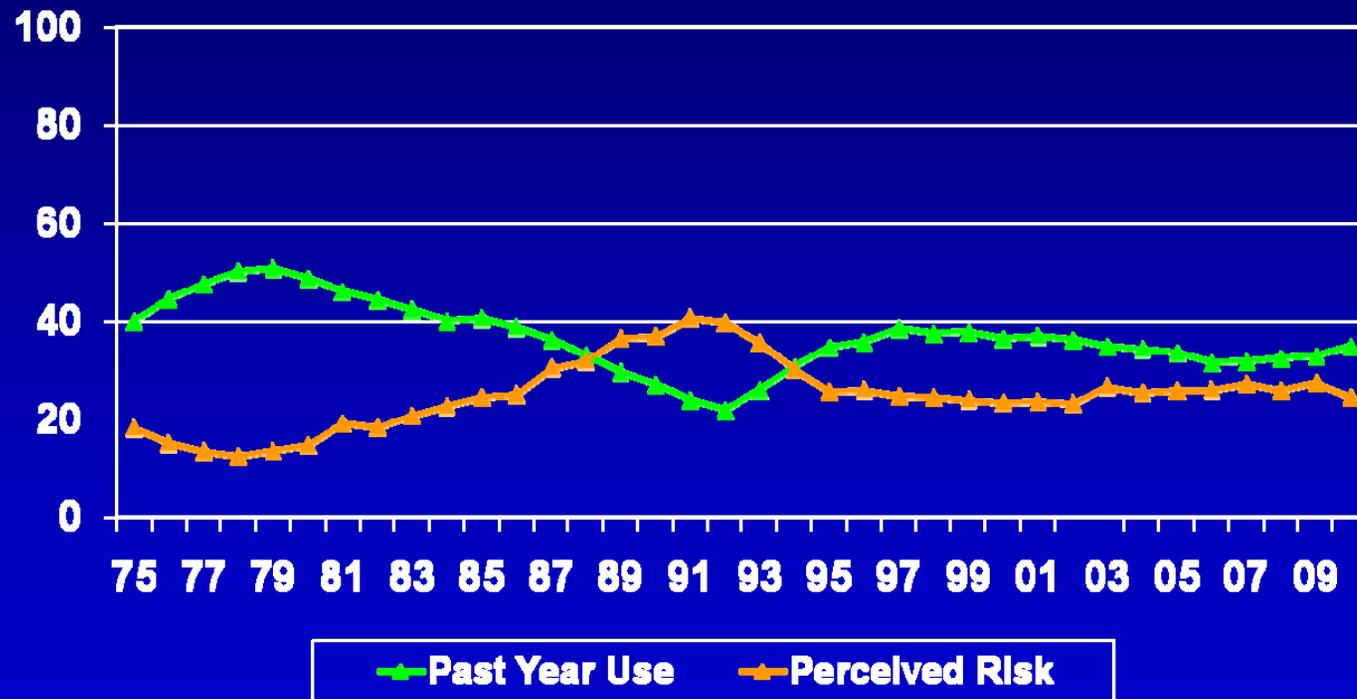
In addition, there is a great need for: (1) expansion of effective PDMP programs to ensure adequate coverage in every state, with both the enhanced abilities to begin to function with interoperability among states, as well as be a source of de-identified, aggregate data for use in identifying hot spots and areas that need enhanced prevention, treatment and enforcement emphasis and resources; (2) enhanced education and training of medical and dental professionals in proper prescribing protocols for prescription drugs with the potential for abuse and diversion; (3) enhanced opportunities to raise the general public's awareness about the dangers of prescription drug abuse as well as the proper ways to store and dispose of them; (4) enhanced opportunities for prescription take back

and other large scale disposal programs to be more routinely available in states and communities; (5) enhanced law enforcement and legal remedies to close down “pill mills” and other venues that allow for the easy, and questionable access and availability of prescription drugs with a great potential for abuse and diversion; and (6) expansion of the number of DFC funded communities, as well as enhanced training opportunities for more communities across the country to be organized to identify their local drug issues and implement comprehensive, data driven strategies to effectively address their local prescription and other drug abuse problems.

Thank you for the opportunity to testify on this subject of critical importance to our nation.

Attachment 1

12th Graders' Past Year Marijuana Use vs. Perceived Risk of Occasional Marijuana Use



SOURCE: University of Michigan, 2010 Monitoring the Future Study

Attachment 2

Drug Free Communities Grantees Work to Prevent and Reduce Prescription Drug Abuse

Due to the preexisting infrastructure that Drug Free Communities (DFC) grantees have in place, they are uniquely suited to address and implement a comprehensive prescription drug strategy because they are data driven, know their community epidemiology and are capable of understanding the multi-sector interventions required to reduce the availability and use of prescription drugs. Below are select examples of DFC coalitions that have reduced the misuse and abuse of prescription drugs in their communities.

Colorado - Between 2006 and 2008 the Southwest Denver Coalition contributed to a decrease of 55.6 percent in past 30 day use of prescription drugs among 10th graders. In 2006, 27 percent of respondents reported using prescription drugs in the past 30 days, while in 2008 only 12 percent of respondents had used prescription drugs in the same time frame

Florida - Between 2006 and 2010 the StandUp Polk Coalition contributed to a decrease of 34.5 percent in past 30 day use of prescription drugs among middle schoolers. In 2006, 2.9 percent of respondents reported using prescription drugs in the past 30 days, while in 2010 only 1.9 percent of respondents had used prescription drugs in the same time frame.

Kansas – Between 2007 and 2008 the Regional Prevention Center contributed to a decrease of 10.3 percent in lifetime use of prescription drugs among 10th graders. In 2007, 20.3 percent of respondents reported using prescription drugs, while in 2008 only 18.2 percent of respondents had used prescription drugs in their lifetime.

Kentucky - Between 2004 and 2008 the Carter County Drug Task Force contributed to a decrease of 62.5 percent in past 30 day use of prescription drugs among 8th graders. In 2004, 8 percent of respondents reported using prescription drugs in the past 30 days, while in 2008 only 3 percent of respondents had used prescription drugs in the same time frame.

Michigan - Between 2005 and 2009 the Ottawa Substance Abuse Prevention Coalition contributed to a decrease of 23.9 percent in past 30 day use of prescription drugs among 12th graders. In 2005, 15.9 percent of respondents reported using prescription drugs in the past 30 days, while in 2009 only 12.1 percent of respondents had used prescription drugs in the same time frame.

Nebraska - Between 2003 and 2007 the South Central Substance Abuse Prevention Coalition contributed to a decrease of 79.3 percent in past 30 day of prescription drugs among 12th graders. In 2003, 9.1 percent of respondents reported using prescription drugs in the past 30 days, while in 2007 only 2.5 percent of respondents had used prescription drugs in the same time frame.

Pennsylvania - Between 2008 and 2010 the Upper Bucks Healthy Youth Coalition contributed to a decrease of 42.9 percent in past 30 day use of prescription drugs among 8th graders. In 2008, 7 percent of respondents reported using prescription drugs in the past 30 days, while in 2010 only 4 percent of respondents had used prescription drugs in the same time frame.